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Surgical Considerations in Diseases of the Pancreas

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SUMMARY

Present data indicate that surgical treatment of pancreatitis is most successful in cases in which the disease is caused by extra-hepatic disease of the biliary tract.

Operation is also effective in cases of islet cell tumors, cysts, lithiasis, trauma and annular pancreas.

Results seem to justify radical operation for early carcinoma of the ampulla of Vater and pancreas.

The value of surgical treatment in other lesions of the pancreas is doubtful.

IN recent years important advances have been made in the diagnosis and surgical treatment of pancreatic disease. Operations for pancreatic lesions are being performed with increasing frequency as more experience in this relatively new field of surgery accumulates. Much remains to be accomplished in the recognition and treatment of pancreatic disease.

ANATOMY

The pancreas is located in a deep retroperitoneal position behind the serosal floor of the omental bursa traversing the upper abdomen and is in intimate relationship with the duodenum, the common bile duct and large vascular structures—the inferior vena cava, portal tributaries, the aorta and the superior mesenteric artery. The splenic artery grooves

the superior surface and the tail of the pancreas is closely related to the spleen. The main pancreatic duct of Wirsung traverses the entire length of the gland and opens into the ampulla of Vater, usually in association with the common bile duct. Some controversy persists with regard to the incidence of an anatomic common channel for the common bile and pancreatic ducts. This incidence has been variously reported from around 30 to 40 per cent¹¹ up to 90 per cent.⁹ The accessory duct of Santorini is usually present and communicates between the main duct and the duodenum proximal to the ampulla of Vater.

The pancreas has both exocrine and endocrine functions. Secretions elaborated by the acinar cells and discharged into the duodenum via the ductal system contain proteolytic, amylolytic and lipolytic enzymes. The islets of Langerhans, a separate histological component of the pancreas, are concerned with the hormone insulin and carbohydrate metabolism. They are said to be evenly distributed throughout the gland with more being present in the body and head because of the greater mass of pancreas in these areas.

Pancreatic secretions are under the control of both nervous and hormonal mechanisms. The vagi carry the secretory fibers to the gland, the sympathetic nerves being distributed to the blood vessels. When the duodenal mucosa is contacted by acid, the hormone secretin is elaborated, stimulating pancreatic secretion.

PANCREATITIS

The most commonly encountered pancreatic lesion is pancreatitis. The exact etiologic delineation of this disease remains obscure but experimental and clinical studies indicate several possible causative factors. Experimentally, when bile is injected into the pancreatic ducts of dogs, acute pancreatitis usu-

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For Information on Preparation of Manuscript, See Advertising Page 2

EDITORIALS

A New Problem for C.P.S.

California newspapers blasted out in righteous indignation late last month when they discovered, via *Time* magazine, that a few physician members of California Physicians' Service had been apprehended in calculated plans to withdraw from C.P.S. funds more than they were rightfully entitled to. The *Time* story, in turn, was taken from an editorial, "Robbing Peter to Pay Paul," that appeared in the March 6, 1952, issue of the *Bulletin* of the Los Angeles County Medical Association.

Thus a sincere attempt to clear up a sore spot within the confines of the medical family broke into public print, with overtones not too flattering to the medical profession. The ordinary machinery of the county and state organizations, capable of dealing with a problem of this nature, was interrupted in its normal procedure.

Many physicians have since asked themselves what profits it if they adhere to an organization of their own making, with a vast potential for economic and legislative good, if some of their fellows make that organization a private province for their own financial gain. The question comes naturally and deserves an answer.

The answer lies in the fact that C.P.S. has awakened to a realization that some of its professional members have not shot square; once that fact is established, the remedy is obvious. Publicity within the ranks of the profession itself, in this case through a county society bulletin, is bound to have a salutary effect on some of the erring brothers. More stringent remedies are available if that one does not work effectively. Meanwhile, it should be pointed out that the financial loss, if any, is on the shoulders of the other professional members of C.P.S., not those of the public. Where a small number of physicians take it upon themselves to raid a pooled fund, there is that much less left in the fund to pay the vastly larger number of participating doctors who bill honestly for their services. Ergo, a reduced unit value.

Certainly, in the course of the investigation that C.P.S. undertook nearly a year ago, with the knowledge and consent of the C.M.A., cases will be uncovered where there is overcharging because of ignorance of procedures or a lack of study of the proper way to assemble a statement under the C.P.S. program. Clerical errors may account for additional cases. These are subject to clarification and adjustment.

In the other cases, the few where flagrant abuses amounting to outright dishonesty are disclosed, the county medical societies and subsequently perhaps governmental authorities may see fit to take active steps. We need not list here the various punishments or penalties that might be imposed; suffice it to say that physicians guilty of such conduct cannot expect to have the charges lightly dismissed. Under all the rules of the game, including the law, the principles of medical ethics and the rules of common sense and fair play, those guilty of such abuses should be brought to the proper bar of justice, preferably by their fellow practitioners.

The Annual Session

Soon the 1952 Annual Session of the California Medical Association will convene in Los Angeles. Members of the Association and their guests will again be able to concentrate in a few days' time a real postgraduate course which is not easily produced and is seldom matched.

This year the meeting will honor an outstanding list of guest speakers, will house the largest number of technical and scientific exhibits ever assembled by the C.M.A. and will welcome what promises to be the largest registration in the organization's history.

In pride mixed with rue it must be reported that the Association's annual meetings have now grown to the size where it is becoming increasingly difficult to find quarters adequate to house them. Still, hotel accommodations are available and all are welcome.

CALIFORNIA MEDICAL ASSOCIATION

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NOTICES AND REPORTS

Council Meeting Minutes

Tentative Draft: Minutes of the 388th Meeting of the Council, San Francisco, February 10, 1952.

The meeting was called to order by Chairman Shipman at 9:30 a.m., Sunday, February 10, 1952, in Room 220 of the St. Francis Hotel, San Francisco.

Roll Call:

Present were President MacLean, President-elect Alesen, Speaker Charnock, Councilors West, Loos, Sampson, Morrison, Dau, Montgomery, Lum, Green, Pollock, Frees, Heron, Thompson, Shipman and Varden, and Secretary Daniels.

Absent for cause: Councilors Ray and Bailey, Editor Wilbur.

A quorum present and acting.

Present by invitation during all or a part of the meeting were Vice-Speaker Randel, Drs. Russel V. Lee, Malcolm Merrill of the State Department of Health, Francis J. Cox; John F. Ellis and George W. Garner of Kern County; Executive Secretary Hunton, Assistant Executive Secretary Thomas, Legal Counsel Hassard, Messrs. Ed Clancy, J. L. Pettis and Glenn W. Gillette of public relations staff; Dr. Francis Hodges and Messrs. W. M. Bowman and John McMahon of California Physicians' Service; Messrs. Clem Whitaker Jr. and Ned Burman of public relations counsel; Mr. Ben H. Read, executive secretary of the Public Health League of California; county society executive secretaries Venable of Kern, Cochems of Los Angeles, Bannister of Orange, Kihm of San Francisco, Wood of San Mateo, and Nute of San Diego; Mr. K. L. Hamman of California Physicians' Service and Dr. Ghad M. Harwood, secretary of the Orange County Medical Association.

1. Minutes for Approval:

On motion duly made and seconded, minutes of the 387th Council meeting, held December 1-2, 1951, were approved.

2. Membership:

(a) On motion duly made and seconded, one member whose 1951 dues had been received since the last Council meeting was reinstated.

(b) A report of membership as of February 8, 1952, was received and ordered filed.

(c) On motion duly made and seconded in each instance, four applicants were elected to Retired Membership. These were:

Rene Bine, Gordon E. Hein, Joseph L. McCool, all of San Francisco County; Ione Pinney, San Joaquin County.

(d) On motion duly made and seconded in each instance, eleven applicants were elected to Associate Membership. These were:

Barbara E. Dittmann, Alameda-Contra Costa; W. C. Buss, Kern County; Emma Wharton, Orange County; Roy N. Taylor, Riverside County; Evelyn Ballard, Charles F. Drake, Felix O. Kolb, Lester A. Mallette, Kenneth Poppen, Olga Rosasco-Loos, San Francisco County; Freeman H. Adams, San Joaquin County.

(e) On motion duly made and seconded in each instance, reductions of dues because of illness or postgraduate studies were voted for ten applicants.

3. Financial:

(a) A report of bank balances as of February 8, 1952, was received and ordered filed.

(b) A report of income and expenditures for January and for the seven months ended January 31, 1952, was received and ordered filed.

(c) A request of the American Medical Education Foundation for a contribution from the Association was read and discussed. It was regularly moved and seconded that the American Medical Education Foundation be advised that California would do its share in the national campaign, through either individual or association subscriptions. An amendment to the motion was regularly moved and seconded, calling for the appointment of a committee to handle the solicitation of subscriptions in California, and the amendment was adopted. On vote, the motion as amended was adopted.

(d) A request from the Woman's Auxiliary for the appropriation of an additional \$1,000 to help